

# Case Study

## Client

3+ Years

## Application

Trizetto – Facets

## Location

Oregon

## Challenge

- Assist with custom edits with CES
- Handle any Facets medical plan analysis/configuration
- Support the CES project

## Solution

- Provide guidance to client on current available edit and customization considering the latest version of OCES (5.4)
- Understand limitations and known issues with OCES and Roadmap

*“Sumeet is a high performing member of that team and he’s very knowledgeable, independent, and resourceful. He has brought a wealth of technical knowledge and has been a true contributor to the team’s efforts.”*

*Sr. Systems Administration Mgr.*

## Executive Summary

Our client for going on three years now is part of a large IDS. Headquartered in Portland, Oregon, they administer health coverage for almost 400K members nationwide.

Our client turned to Blue Eagle to assist with their claims configuration project. They were looking to replace and implement OCES their current claims editing system (CES), McKesson claim check, and needed and subject matter expert (SME) to assist with various task not limited to any specific responsibilities or system. Blue Eagle in turn provided an expert resource who exceeded the client’s expectations. Our consultant achievements are explained below within this short term engagement.

## Meeting the Challenge

The ability for payers to automatically review and catch errors, omissions, and questionable coding relationships for commercial, Medicaid and Medicare claims has increased tremendously in recent years. Everyday facilities are looking for a way to streamline their claims processing and interface across numerous platforms. Luckily, one solution we have helped with in doing this is Optum’s CES tool.

A current Trizetto Facets client of ours, recently made the decision to implement CES, formerly known as iCES. This conversion from McKesson claim check to CES required the need for a SME to not only help with the implementation/conversion, but also existing Facets configuration needs.

With the help of one Facets/CES SME, the goal of this short-term engagement was to provide a resource who has experience with configuring in CES and understand how to use DDR vs ilog as well have as have experience with custom edits.

## The Right Person for the Job

To ensure client expectations were met Blue Eagle provided one of our proven resources who obtains the following niche skill sets.

- i. **OCES Backend:**
  - Our consultants have extensively worked on OCES including latest version (5.4) to generate various simple/complex report for business analysis, testing etc. (Only one edit and limited information is returned to facets, our re-usable reporting process was written to combine Facets report with OCES including multiple edit that are qualified in OCES and only one

is returned to Facets, also sue to compared various Add-on codes VS CMS file, Medicaid vs Medicare CCI and kb update testing)

- Our consultants have extensive knowledge on all the tables and worked with Optum DBA to correct some of the bad data or data integrity issue and find any possible defect within OCES

## ii. OCES/Clinical editing configuration

- Extensive knowledge on ilog and DDR rules configuration and KB update (we have together configured over 200 DDR custom rules)
- With newer version of OCES 5.4 Optum has migrated various ilog rules into DDR (Data Driven rules) and our consultants have hands-on experience on the same platform
- Knowledge about all the edits that are supplied by Optum and strong understand on which rules would be applicable for the client business requirement and one that need an exception or need to be turned off or updated also knowledge about which one would possible be duplicate with Facets Rules and need to be turned off to avoid unexpected result (like MSR, termed codes, replacement, Payment policies etc.)
- Knowledge about limitation in OCES, we have designed alternate custom configuration to overcome the limitation of OCES. (Example say a CCI pair Code 1 should deny when bill on same day as Code 2 and if there is a claim 1 processed first with Code 2 and claim 2 process with Code 1 this will work as expected but if claim2 is processed first and then claim 1 both will pay. we did fix it by setting up warning on second claim that the first claim should deny) also custom config for MUE to allow maximum allowable.
- Knowledge about current limitation or open defect, Understanding the current limitation and defect and roadmap helps us in optimal configuration.

### Skills at a Glance:

1. OCES Backend
2. OCES/Clinical editing configuration
3. Business/Clinical Knowledge and Medicare/Medicaid
4. Facets & NetworX Knowledge to integrate with OCES
5. Automation

## iii. Business/Clinical Knowledge and Medicare/Medicaid

- Worked on Downloading various edits from CMS website, Medicaid state websites, coding books etc. (CCI, MUE, Follow-up days, NCD/LCD), have worked on collecting the latest data from various sources and used Data extraction and advanced reporting to identify the changes and validating the system is current.
- Along with Extensive knowledge about various CMS payment policies and clinical edits, we have worked on various Medicaid LOB including but not limited to (OR, TX, LA, PA, NY, MN, FL etc.)
- Strong Analysis, business and communication skills leading JAD session and requirement gathering.

## iv. Facets & NetworX Knowledge to integrate with OCES

- Facets and Optum EXCD mapping, Avoiding duplicate edits in Facets VS CMS
- Strong knowledge of NetworX and Optum grouper like APC, APG (Carried impact analysis to identifying possible impact of overlapping edit like lab bundling OCE, MSR that are in NetworX or Optum grouper along with OCES)

## v. Automation:

- Hands-on and extensive experience on Advanced reporting, Data mining, Claims Testpro, QTP, SQL, MS access, Oracle etc.

## Results

**Problem 1:** Client wanted to see a difference between Medicaid CCI and Medicare CCI edits

**Solution:** Our expert developed, a re-usable reporting process that will compare over million code pairs from CMS CCI edit vs state specific edit utilizing advance Database and table structure for OCES so they can easily review the differences.

**Problem 2:** Optum Limitation for CCI edit (one way edit): Based on extensive data mining and claim billing pattern if the CCI code pair were billed on separate claims, OCES didn't apply the edit

**Solution:** We built over 100s of custom edits to Warn/pend such claim scenario with a user friend message indicating the previous paid claim was incidental to current and previously processed claim need to be denied.

**MUE vs. MFD:** Optum supplied MUE will deny entire claim line if the units billed were greater than maximum allowable and client requirement was to pay the maximum allowable without denying the claim line without returning the entire claim to provider for correction.

**Solution:** Created a Script that would generate a report so that the MUE edit value could be overridden and match the MFD edit.

**Claim report and Facets Reporting:** As OCES only returns one Edit to facets even when multiple edits are triggered and has limited information which is not available reporting functionality within OCES.

**Solution:** Created a process for business user as they were familiar with ACCESS and the Macro will generate a report integrating data from various table in facets database and corresponding data within OCES Database.

Blue Eagle Consulting can provide you with the experienced resources you need to assist with your clinical editing and CES related projects.

**Get in touch with us today to let us know how we can help you!**